

Work Order ID 98917

98917

Page 1

March-28-13 10:43:02 AM

Item ID: 646.9710

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Body

Stop

NS2

Start Date: 3/27/13

Start Qty: 4.00

//0 *4*

Required Date: 3/27/13

Req'd Qty: 4.00

//0 *4*

Cust Item ID:

Customer:

Reference:

Approvals: Process Plan: MLJ

Date: 1304-01 Tooling:

Date:

Run

Start

NR1

QC:

Date: SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr
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646.9700

N/C

0.00

100

100

BAND SAW

0.00

Bandsaw

Memo

0.00

Jeaspa Bandsaw

Cut Blank at 7.425"

//

SL 1304-05

110

110

HAAS CNC VERTICAL MACHINING #1

0.00

HAAS 1

HAAS CNC vertical machine #1

Memo

0.00

1-Machine per folio FB130

DWG REV: N/C

FOLIO REV: AA

D.A. 1304/11

// φ

DAS
08
-89

2- deburr and break all sharp edges

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: Date:

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crostube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
				Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
				Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
				Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending				Bend <input type="checkbox"/>	Grain <input type="checkbox"/>			Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>		
Centre Not Concentric to O/S				BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>			Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>		
Cracks				Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>			Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>		
Crushed/Crimped				Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>			Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>		
Cuffs				Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>			Part Moved <input type="checkbox"/>			
Heat Treat				Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>			Positioned Wrong <input type="checkbox"/>			
Inspection Strip in Tube				Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>			Power Loss/Surge <input type="checkbox"/>			
Ripples in Bend				Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>			<input type="checkbox"/> Other			
Torque Waves in Extrusion				Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>						
Turning Sequence				Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>						
Wave/Twist in Tube				Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>						

Work Order ID 98917

March-28-13 10:43:02 AM

98917

Page 2

Item ID: 646.9710

Accept

N900040100

Setup Start

NS1

Revision ID:

Stop

NS2

Item Name: Body

Start Date: 3/27/13 Start Qty: 4.00

4

Cust Item ID:

Required Date: 3/27/13 Req'd Qty: 4.00

4

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

120

QC2- Inspect parts off machine FAI/FAIB

0.00

120

QC

Quality Control

SL13-4-9

130

QC8- Inspect parts - second check

0.00

OK 3/04/13

130

QC

Quality Control

11 8

131

131

HandFinish

Hand Finishing

0.00

Memo

0.00

Clean & remove markings

11 1613419

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS						
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other				
Part No. _____ NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <hr/> <hr/> <hr/>	
										<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <hr/> <hr/> <hr/>	
										<input type="checkbox"/> Other	

Work Order ID 98917

March-28-13 10:43:02 AM

98917

Page 3

Item ID: 646.9710

Accept

N900040100

Setup

Start

NS1

Revision ID:

Stop

NS2

Item Name: Body

Start Date: 3/27/13 Start Qty: 4.00

4

Cust Item ID:

Required Date: 3/27/13 Req'd Qty: 4.00

4

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
140 *140* Outsource4	Outsource process-Anodize per QSI017 4.1.10.1	0.00							<i>PL130419</i>
140 Outsource process - Anodize	Memo Issue P/O: <i>19638</i> Black Anodize as per Dwg 646.9700	0.00							
150 *150* Packaging Packaging	Receive & Inspect for Damage & Mat'l Certs	0.00							<i>F93/07/13 C</i>
	Memo	0.00							
155 *155* QC Quality Control	QC5- Inspect part completeness to step on W/O	0.00	<i>QAS 2128</i>	<i>139.13</i>				<i>11</i>	
	Memo	0.00							

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <hr/> <hr/> <hr/>	
										<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	
										<input type="checkbox"/> Other	

Work Order ID 98917

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98917

Page 4

Item ID: 646.9710

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Body

Stop

NS2

Start Date: 3/27/13 Start Qty: 4.00

4

Cust Item ID:

Required Date: 3/27/13 Req'd Qty: 4.00

4

Customer:

Reference:

Approvals: Process Plan: _____

Date: _____

Tooling: _____

Date: _____

Run

Start

NR1

QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Stop

NR2Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

160

Spray Painting per QSI005 4.2

0.00

160

SprayPaint

Memo

0.00

Spray Painting

PRIME AS PER DWG, SEE NOTE #2

CARDINAL 4860-50 PRIMER BATCH: 12545211 0 0 A

13-6-1

170

QC14- Inspect Spray Paint

0.00

8364604***170***

QC

Memo

0.00

Quality Control

860

180

Identify as per dwg & Stock Location: ST 543 0.00***180***

Packaging

Memo

0.00

Packaging

IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV

11X80
13-6-4

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other				
Part No. _____ NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <hr/> <hr/> <hr/>	
										<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	
										<input type="checkbox"/> Other	

Work Order ID 98917

98917

Page 5

March-28-13 10:43:02 AM

Item ID: 646.9710

Accept

N900040100

Setup

Start

NS1

Revision ID:

Stop

NS2

Item Name: Body

Start Date: 3/27/13 **Start Qty:** 4.00

4

Cust Item ID:

Required Date: 3/27/13 **Req'd Qty:** 4.00

4

Customer:

Reference:

Run

Start

NR1

Approvals: Process Plan: _____

Date: _____

Tooling: _____

Date: _____

Stop

NR2

QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

**Sequence ID/
Work Center ID**

**Operation
Description**

**Set Up/
Run Hours**

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

190

QC21- Final Inspection - Work Order Release

0.00

1Q0

QC

Quality Control

Memo

0.00

MJ 3-06-05

3/3-06-04

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: _____ Date: _____

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other			
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions							
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other							
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled							

Picklist Print

March-28-13 10:43:02 AM

Page 1

Work Order ID: 98917

Parent Item: 646.9710

Parent Item Name: Body

Start Date: 3/27/13

Required Date: 3/27/13

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP REV:A NEW ISSUE 12/10/04 JFS VERIFY BY: DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M7075T6B5.000X1.000 7075-T6 BAR 5.000" X 1.000"		Purchased	No			100	f	5.4987	0.62	2.6105263		X 13-0405	

Location	Loc Qty	Loc Code
MAT049	5.4987	
123611	5.4987	FQ

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

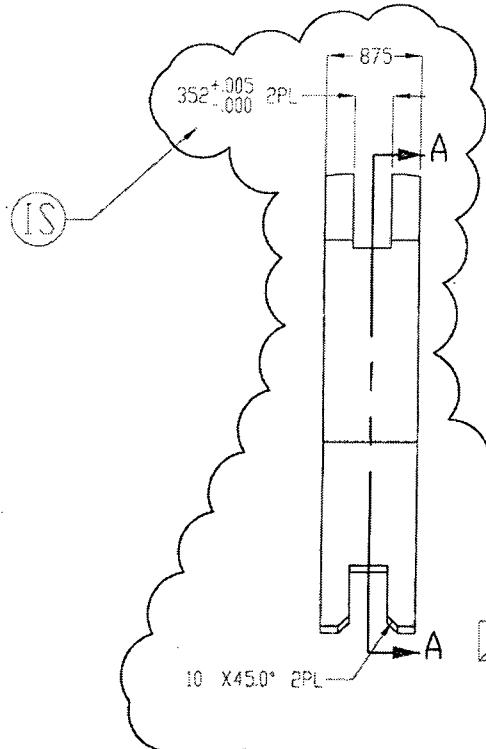
QA Closed: _____ Date: _____

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>			
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending				Bend <input type="checkbox"/>	Grain <input type="checkbox"/>			Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>		
Centre Not Concentric to O/S				BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>			Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>		
Cracks				Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>			Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>		
Crushed/Crimped				Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>			Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>		
Cuffs				Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>			Part Moved <input type="checkbox"/>			
Heat Treat				Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>			Positioned Wrong <input type="checkbox"/>			
Inspection Strip in Tube				Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>			Power Loss/Surge <input type="checkbox"/>			
Ripples in Bend				Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>						
Torque Waves in Extrusion				Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>						
Turning Sequence				Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>						
Wave/Twist in Tube				Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>						

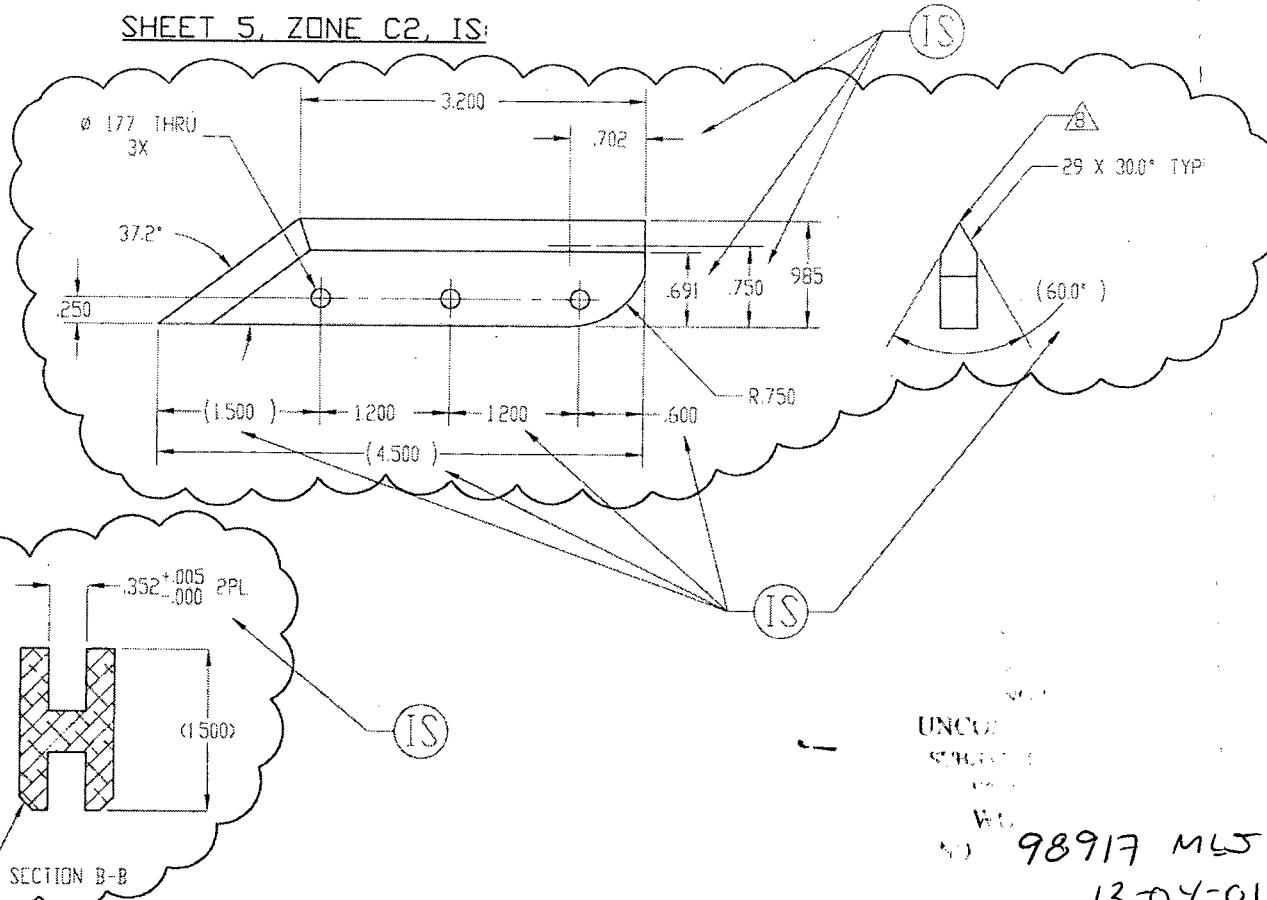
APICAL
INDUSTRIES, INC.

		ENGINEERING CHANGE NOTICE NO. 02744		SHEET 1 OF 1
DWG NO. 646.9700 REV:N/C		PREPARED BY S.HUFF	DATE: 01/07/10 EFFECT ON DWG	
DWG TITLE: CUTTER SUB ASSY				<input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC.
APPROVED BY:	ENGR <i>R. Brown</i>	MFG <i>Daniel Jones</i>	QC <i>Wendy Fagan</i>	EFF: NEXT ORDER
TRANSACTION CODES (TC): A-ADD C-CREATE R-REVISE D-DELETE		REASON: REVISED SCREW LENGTH, CHANNEL WIDTHS & DIMENSIONING SCHEME SHEET 5.		

SHEET 2, ZONE C6, IS:



SHEET 5, ZONE C2, IS:



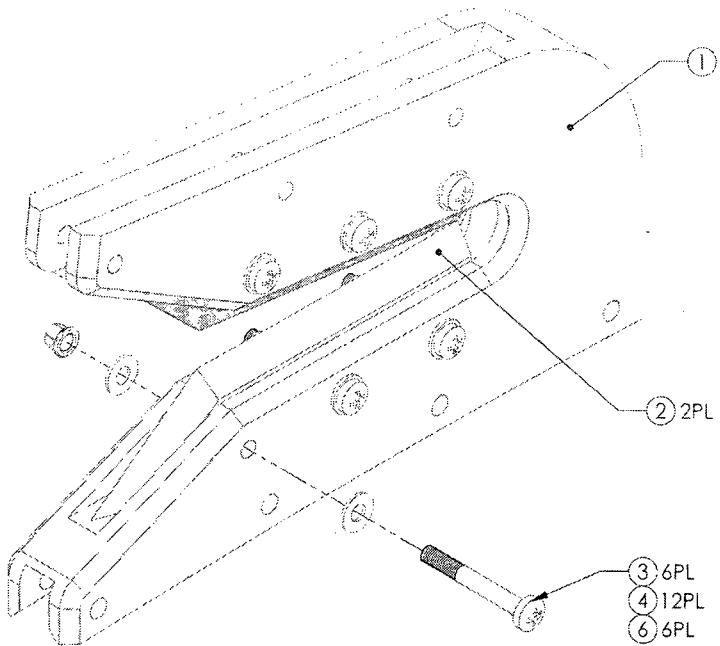
UNCO

V.L. 98917 MLJ

13-04-01

3	R	601.3157	12	SCREW	MS27039-0818
			.9701		
F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL/SPECIFICATION
DOCUMENTS EFFECTED:					CHANGE CATEGORY DER REVIEW REQUIRED
				<input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRUC <input checked="" type="checkbox"/> ICA <input type="checkbox"/> FMS <input checked="" type="checkbox"/> BOM	<input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

98917



646.9701

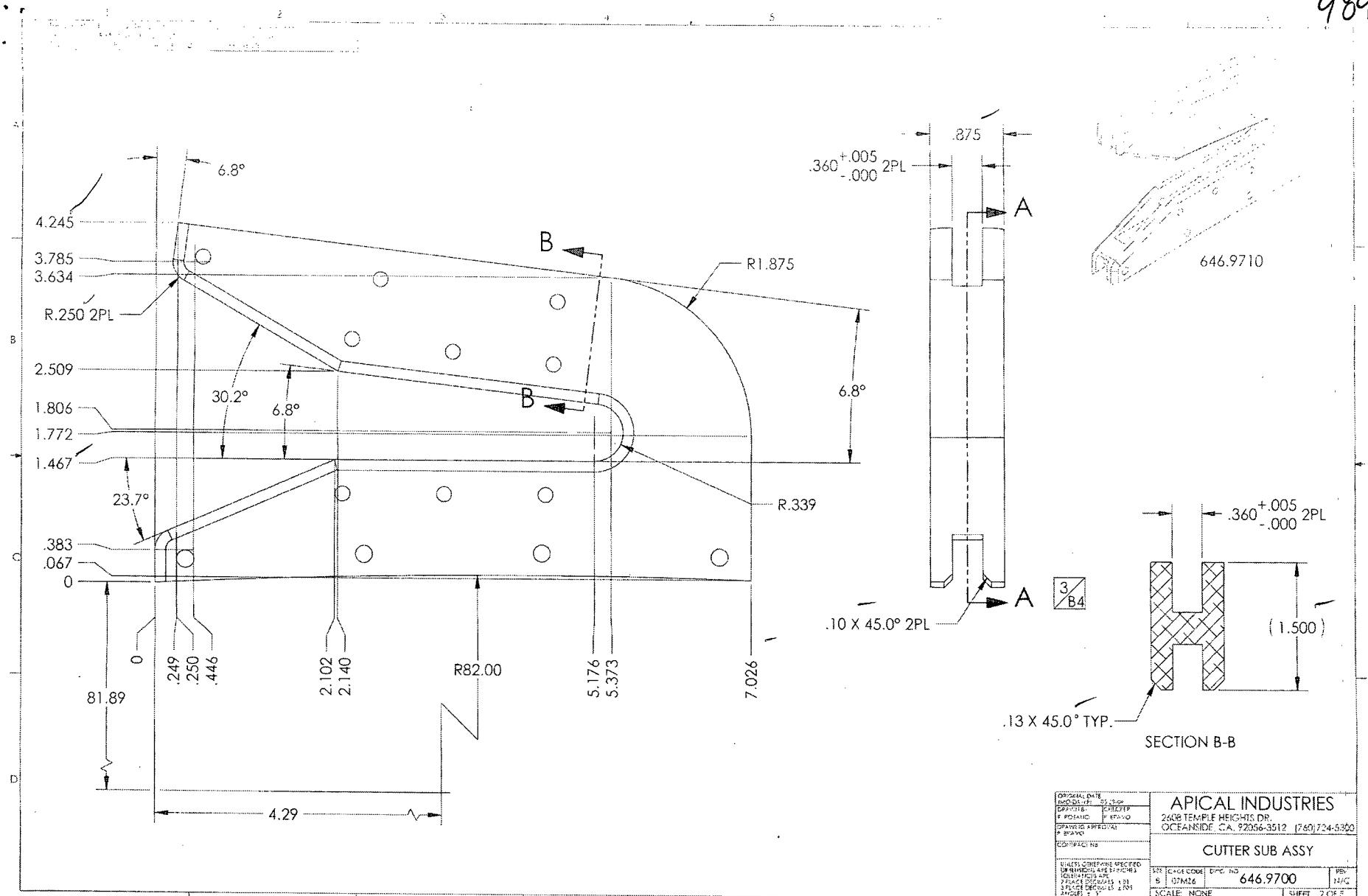
NOTES:

- MATERIAL: ALUMINUM 7075-T651 PER AMS-QQ-A-250/12**
 - FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE II
CLASS 2, COLOR BLACK;
CARDINAL 4860-S0 PRETREATMENT PRIMER
PRIME IAW MIL-P-2337J TYPE I CLASS N: 1-2 MIL MAX**
 - MATERIAL: AISI A2 TOOL STEEL
CONDITION: ANNEALED
POST PROCESS: HEAT TREAT TO 58-62 RC ROCKWELL HARDNESS**
 - FINISH: PRIME IAW MIL-P-2337J TYPE I CLASS N: 1-2 MIL MAX**
 - DEBURR AND BREAK ALL SHARP EDGES EXCEPT WHERE OTHERWISE NOTED**
 - IDENTIFY IAW MPP-120**
 - APPLY F/N 5 AS REQUIRED TO ALL FAYING SURFACES OF F/N 2 UPON ASSEMBLY**
 - CUTTING EDGE INTENDED TO BE SHARP, DO NOT BREAK SHARP EDGE**

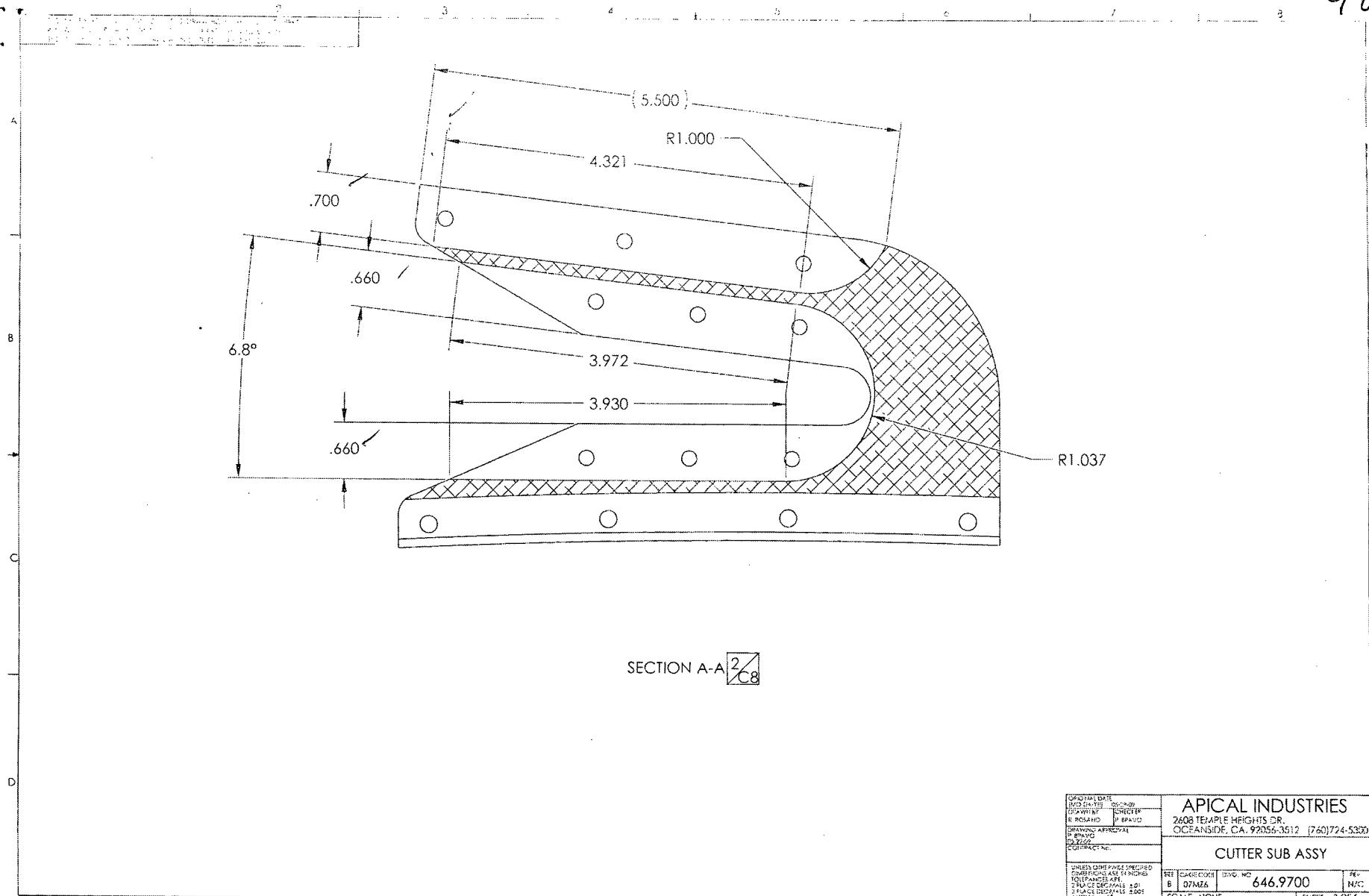
UNINCORPORATED ECN(s)

02944

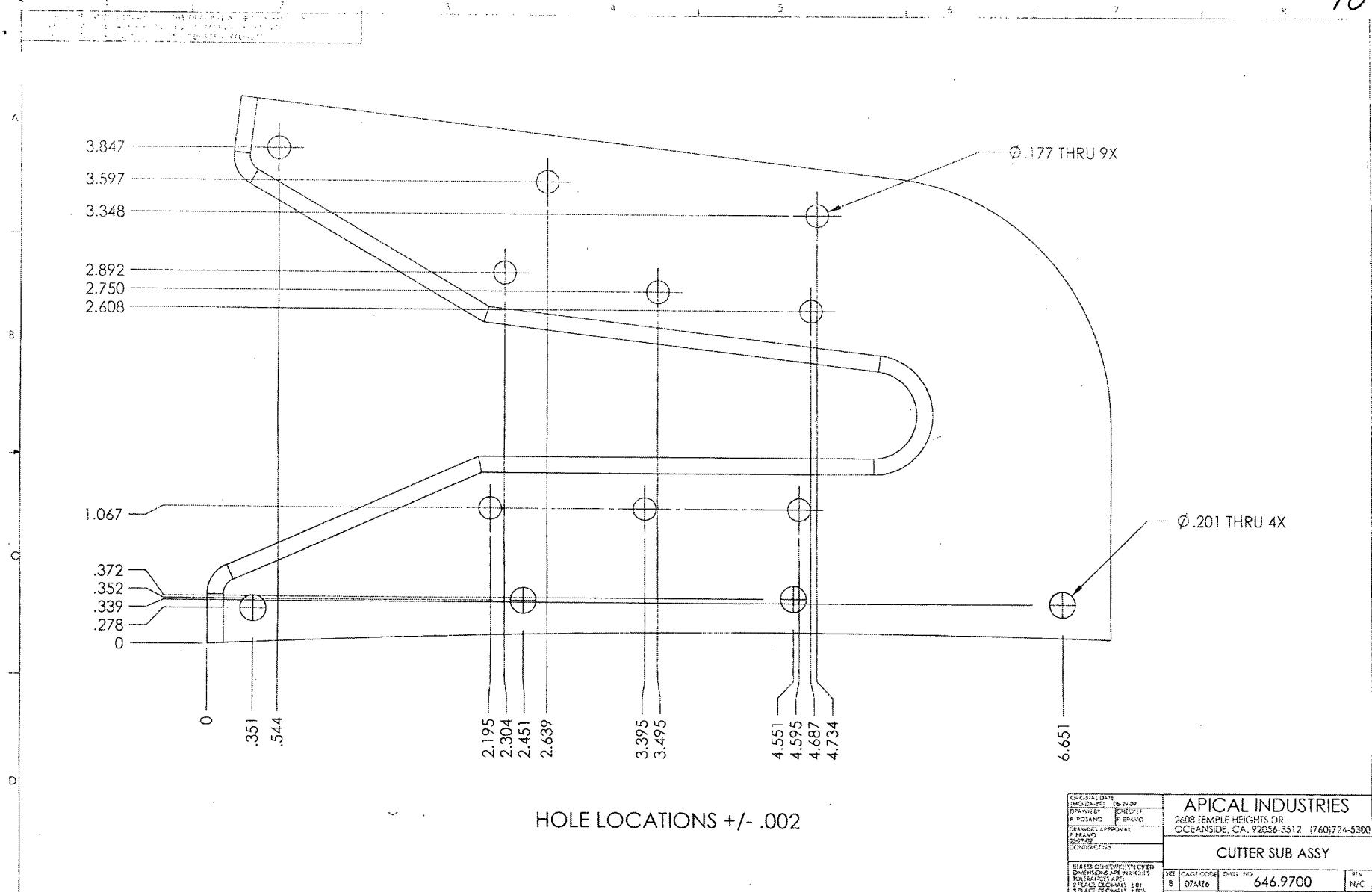
98917



98917



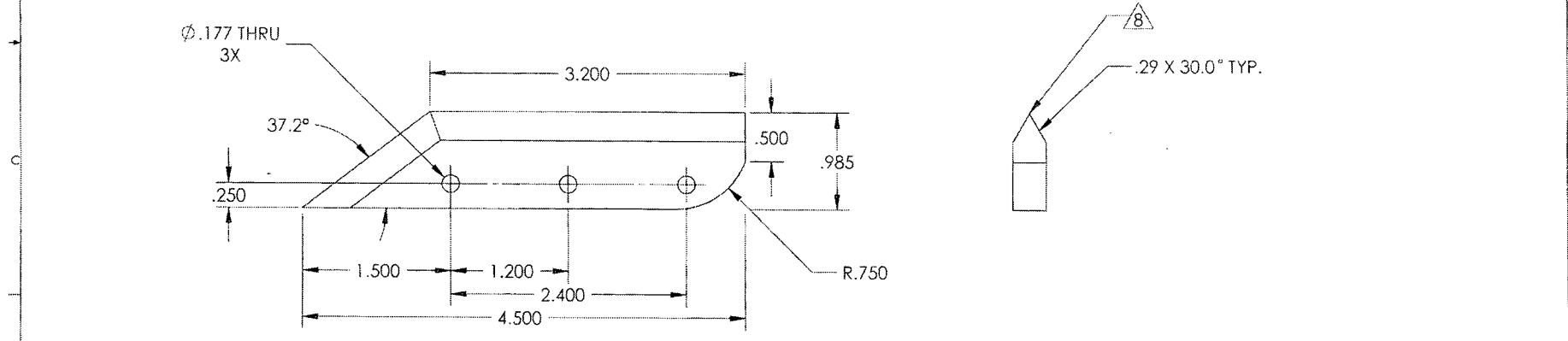
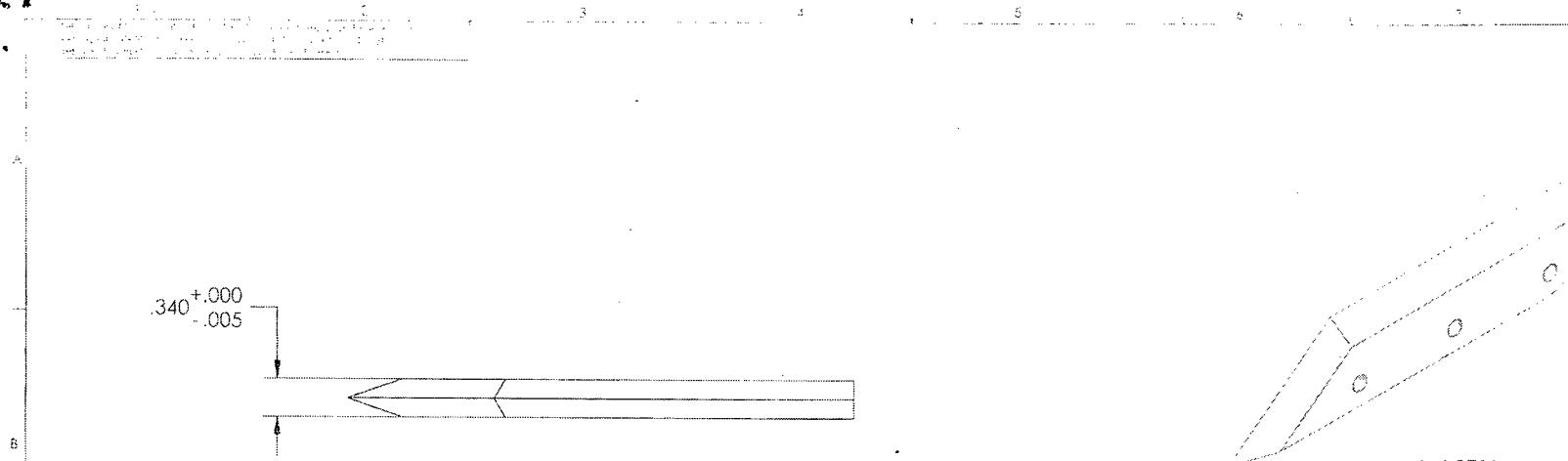
98917



HOLE LOCATIONS +/- .002

CREATED DATE 10/20/2009 10:29:29	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760)724-5300
DRAWN BY P. RODRIGO	SUPERVISOR J. BRAVO
DRAWING APPROVAL P. RODRIGO 08/27/09 CONTRACTS	
ALL DIMENSIONS ARE IN INCHES UNLESS OTHERWISE SPECIFIED ALL SURFACE FINISHES ARE UNLESS OTHERWISE SPECIFIED ALL PLATES DECKLAYER ± 0.03 Welds ± 0.03	
REV B | 07A126	SCALE NONE
DATE CODE	CHG NO
	646.9700
	N/C
CUTTER SUB ASSY	

98917



DRAWING NO. 53-204		APICAL INDUSTRIES	
DRAFTED BY: P. HANCOCK		2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760)724-5900	
CHECKED BY: P. HANCOCK			
APPROVED BY: P. HANCOCK			
DATE DRAWN: 10/10/02			
CUTTER SUB ASSY			
REF ID: 07M26	646.9700	REV: N/C	
SCALE: NONE		SHEET: 5 OF 5	

DART AEROSPACE LTD	Work Order:	989FT
Description: body	Part Number:	6H16-9710
Inspection Dwg: 6H16-9710 Rev: N/C		Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
1.467	$\pm .005$	1.467	/		H-G	3/006
1.250	$\pm .005$	.250	/			
4.245	$\pm .005$	4.243	/		H-G	3/006
7.026	$\pm .005$	7.028	/		-	-
.10X45°	$\pm .010 / \pm .5^\circ$	.103X45°	/		Vern	JL-10
.875	$\pm .005$	.877	/		-	-
.352	$\pm .005$	.355	/		-	-
.13X45°	$\pm .010 / \pm .5^\circ$	.13X45°	/		-	-
1.500	$\pm .005$	1.499	/		-	-
.660	$\pm .005$	.660	-		H-G	3/006
.660	$\pm .005$	.660	/		-	-
.700	$\pm .005$	.700	/		Vern	JL-10
.278	$\pm .002$	.277	/		H-G	3/006
.339	$\pm .002$	.338	/		-	
.352	$\pm .002$	.351	/		-	
.372	$\pm .002$	.371	/		-	
1.067	$\pm .002$	1.066	/		-	
2.608	$\pm .002$	2.608	/		-	
2.750	$\pm .002$	2.749	/		-	
2.892	$\pm .002$	2.891	/		-	
3.348	$\pm .002$	3.347	/		-	
3.597	$\pm .002$	3.597	/		-	
3.847	$\pm .002$	3.846	/		-	
6.177	$\pm .005$	.178	/		Vern	JL-10

Measured by:	SL	Audited by:	anf	Preliminary Approval:	
Date:	13-4-9	Date:	13/04/13	Date:	

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

10.04.15

DART AEROSPACE LTD	Work Order:	
Description:	Part Number:	
Inspection Dwg:	Rev:	Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

Measured by:	JL	Audited by:	ANL	Preliminary Approval:	
Date:	13-4-9	Date:	13/04/13	Date:	

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

H:\FORMS\Quality Assurance\approved QA\FAI revE

10.04.15



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62363

Date: 06-May-13

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

rms	Ship Via
-----	----------

Quantity	Description	Rev:
1 lot 11 PCS 646.9710 3 PCS 647.1915 19 PCS 646.3715 ✓ 20 PCS 647.1713 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 ✓ 2 PCS D4410-041 BLACK ANODIZE MIL-A-8625 TYPE II CLASS 2 Job: 20130267	Part: ASST PO: 19638	Line:

Certificate of Conformance

A.T.G. Industries certifies that all items in this shipment are in conformance
with all requirements, specifications and drawings referenced in the purchase order.

ISO 9001 : 2008 REGISTERED
ATG SALES-2010 TERMS APPLY

DATE: 6/5/13

CERTIFIED SIGNATURE: M

RECEIVER SIGNATURE: _____